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CONFIRMATION NO. 5103

<b>SERIAL NUMBER</b> 08/460,186	<b>FILING or 371(c) DATE</b> 06/02/1995 <b>RULE 1.60</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 1331-138	
<b>APPLICANTS</b> REID VON BORSTEL, POTOMAC, MD; MICHAEL K. BAMAT, POTOMAC, MD; <b>** CONTINUING DATA *****</b> This application is a DIV of 08/176,485 12/30/1993 PAT 5,736,531 which is a CIP of 08/061,381 05/14/1993 ABN which is a CIP of 07/903,107 06/25/1992 ABN which is a CIP of 07/724,340 07/05/1991 ABN which is a CIP of 07/438,493 06/26/1990 ABN which is a CIP of 07/115,929 10/28/1987 ABN and said 07/724,340 07/05/1991 is a CIP of 07/487,984 02/05/1990 ABN which is a CIP of 07/115,923 10/28/1987 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 07/11/1995					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ERIC OLSON/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance ESO Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES					
<b>TITLE</b> TREATMENT OF CHEMOTHERAPEUTIC AGENT AND ANTIVIRAL AGENT TOXICITY WITH ACYLATED PYRIMIDINE NUCLEOSIDES					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		